

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CH	71632	12/5
RESPONSE FORMALITY REVIEW			2-1-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral)..... Canceled  
 - ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8-20-01
2	✓	✓	8-20-01
3	✓	✓	8-20-01
4	✓	✓	8-20-01
5	✓	✓	8-20-01
6	✓	✓	8-20-01
7	✓	✓	8-20-01
8	✓	✓	8-20-01
9	✓	✓	8-20-01
10	✓	✓	8-20-01
11	✓	✓	8-20-01
12	✓	✓	8-20-01
13	✓	✓	8-20-01
14	✓	✓	8-20-01
15	✓	✓	8-20-01
16	✓	✓	8-20-01
17	✓	✓	8-20-01
18	✓	✓	8-20-01
19	✓	✓	8-20-01
20	✓	✓	8-20-01
21	✓	✓	8-20-01
22	✓	✓	8-20-01
23	✓	✓	8-20-01
24	✓	✓	8-20-01
25	✓	✓	8-20-01
26	✓	✓	8-20-01
27	✓	✓	8-20-01
28	✓	✓	8-20-01
29	✓	✓	8-20-01
30	✓	✓	8-20-01
31	✓	✓	8-20-01
32	✓	✓	8-20-01
33	✓	✓	8-20-01
34	✓	✓	8-20-01
35	✓	✓	8-20-01
36	✓	✓	8-20-01
37	✓	✓	8-20-01
38	✓	✓	8-20-01
39	✓	✓	8-20-01
40	✓	✓	8-20-01
41	✓	✓	8-20-01
42	✓	✓	8-20-01
43	✓	✓	8-20-01
44	✓	✓	8-20-01
45	✓	✓	8-20-01
46	✓	✓	8-20-01
47	✓	✓	8-20-01
48	✓	✓	8-20-01
49	✓	✓	8-20-01
50	✓	✓	8-20-01

Claim	Final	Original	Date
51	N	N	8-20-01
52	N	N	8-20-01
53	N	N	8-20-01
54	N	N	8-20-01
55	N	N	8-20-01
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			

Claim	Final	Original	Date
101			
102			
103			
104			
105			
106			
107			
108			
109			
110			
111			
112			
113			
114			
115			
116			
117			
118			
119			
120			
121			
122			
123			
124			
125			
126			
127			
128			
129			
130			
131			
132			
133			
134			
135			
136			
137			
138			
139			
140			
141			
142			
143			
144			
145			
146			
147			
148			
149			
150			

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)